

AFRICAN IMMIGRANTS WITH PH.D.S WORK AS CAB DRIVERS
By Trudy L. Washington, Ph.D., PSB-QID, Cultural Competency Unit



Stemming from acculturation challenges and social inequalities, numerous African immigrants with Ph.D.s can only find work as taxi cab drivers upon arrival to New York from Africa. Highlighting the need to eliminate disparities, a conference entitled *Culturally Competent Service Delivery to the African Immigrant Population; Challenges and Opportunities* was funded by the Los Angeles County Department of Mental Health (LACDMH) and the Mental Health Services Act (MHSA), and presented on April 4th, 2013. During opening remarks, Sandra D. Thomas, L.C.S.W. (Deputy Director, SCYSB) commended the sponsor, the African/African-American Underrepresented Ethnic Population (AAA UREP), for its collaboration with the African Communities Public Health Coalition (ACPHC) to improve service delivery to African communities.

Waves of anticipation reverberated throughout the conference room at the Radisson Midtown Hotel, USC, as multicultural groups of LACDMH employees and affiliates congregated for the half-day conference. The presenter was Tedla Giorgis, Ph.D., clinical psychologist. His credentials include publications in academic journals, international work experience and a career that spanned 28 years as director of the DMH Multicultural/International Mental Health Division, D.C. He recently retired.

Dr. Giorgis' delivery was immediately engaging – interspersed with anecdotal accounts, humor and relevant statistics about African immigrants. He shared first-hand experiences with promoting multicultural competency, including “building on strengths rather than focusing only on pathology.” Learning objectives included increasing knowledge/understanding of: a) How immigration and acculturation impact the mental health of Africans, b) Essential components of cultural and linguistic competency, and c) Best practices in serving the African immigrant population. Breakout groups developed solutions for sustained client engagement in mental health services.

Dr. Giorgis contends that European models are not effective for African immigrants, and evidence-based practices are just one option. He supports a holistic approach as the best practice for engaging and sustaining African immigrant clients. To clarify this, he asserted that acculturation stressors trigger

feelings of anxiety and depression, and “depression will persist as long as the client remains hungry.” Holistic approaches help interrupt this cycle, and involve understanding clients’ basic needs, cultural norms and belief systems while incorporating spirituality/religion and alternative medications. Providers must supplement treatment efforts by maintaining “holistic collaboratives” with case managers, volunteers and pro bono lawyers to help develop partnerships with the immigration bureau, policy makers, churches and programs that assist with linkage to food banks, housing, employment and language services. Clearly, holistic approaches require providers to “find solutions beyond the standard and obvious” – with the end goal of engaging African immigrant communities to self-sustain.

Culturally grounded service delivery yields positive outcomes, including higher rates of client stabilization, rehabilitation, engagement and retention, along with concomitant reduction in hospitalizations and service delivery costs. Toward these endeavors, Dr. Giorgis asserted that service providers can choose to “be a stumbling block or a stepping stone.”